

MADE IN COLUMBIA, S. C.
 WHEN THERE WAS NO ATTENDING PHYSICIAN OR MIDWIFE, THEN THE FATHER, HOUSEHOLDER, ETC., SHOULD MAKE THIS REPORT.
 IF A CHILD BREATHES EVEN ONCE, IT MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF STILLBORN CHILD,
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 WRITE PLAINLY.
 IN CASE OF TWINS, CURTLEYS USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE
 LARGER, LEFT HAND, FIRST-BORN, RIGHT RECORD.

(1) PLACE OF BIRTH *Salem*
County of
Township of *2. St. John*
OR
Inc. Town of.....
OR
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. for State Register
4100762

Registration District No. *763* Registered No. *291*
(For use of Local Registrar)

(2) Full Name of Child *George Ellington* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth *one* (6) Eyes *blue* (7) DATE OF BIRTH *Dec 19 1922*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *ator*
(9) PRESENT POSTOFFICE OF FATHER *SC*
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY *40*
(Year)
(12) BIRTHPLACE *Salem*
(13) OCCUPATION *laborer*
(20) Number of children born to mother, including present birth *3*

MOTHER.
(14) NAME BEFORE MARRIAGE *Lennie Coats*
(15) PRESENT POSTOFFICE OF MOTHER *Salem*
(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *33*
(Year)
(18) BIRTHPLACE *Salem*
(19) OCCUPATION *housewife*
(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was *alive* (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) *J. H. H.* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Salem*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed *Dec 23 1922* (28) *B. M. Barron* Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn child before the fifth month of pregnancy.